

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551,277

FILING DATE

09-28-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49	1					
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61		1				
62	1					
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	70					